

### **Important Privacy Notice**

Federal Rule of Civil Procedure 5.2 prohibits litigants in a non-habeas proceeding from submitting documents that contain personal information. Unless the Court orders otherwise, personal identifying information in Court filings must be limited as follows:

- Social security numbers, taxpayer-identification numbers, and financial **account numbers must include only the last four digits** (e.g., xxx-xx-1234)
- Birth dates must **include the year of birth only** (e.g., xx/xx/2000)
- Names of persons under the age of 18 must be indicated by **initials only** (e.g., A.B.)

You are responsible for protecting the privacy of this information in your filings. If your documents, including attachments, contain any information that does not comply with this rule, please black out that information before sending your documents to the Court.

**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF PENNSYLVANIA**

Orlando A. Acosta

C/O 5355 Belfield Avenue

Philadelphia, Pennsylvania, 19144

*(In the space above enter the full name(s) of the plaintiff(s).)*

- against -

Governor Tom Wolf

508 Main Capitol Building

Harrisburg PA, 17120

Office of the secretary Kathy Boockv

PA Department of State 302 North Office

Harrisburg, PA, 17120

*(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)*

**I. Parties in this complaint:**

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff	Name	Orlando A. Acosta
	Street Address	5355 Belfield Avenue
	County, City	Philadelphia
	State & Zip Code	Pennsylvania, 19144
	Telephone Number	484-358-3923

**COMPLAINT**

Jury Trial: ☒ Yes ☐ No

(check one)

- B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1                      Name Governor Tom Wolf  
    Street Address 508 Main Capitol Building  
    County, City Harrisburg  
    State & Zip Code Pennsylvania, 17120

Defendant No. 2                      Name Secretary of State Kathy Boockv  
    Street Address 401 North Street  
    County, City Harrisburg  
    State & Zip Code Pennsylvania, 17120

Defendant No. 3                      Name \_\_\_\_\_  
    Street Address \_\_\_\_\_  
    County, City \_\_\_\_\_  
    State & Zip Code \_\_\_\_\_

Defendant No. 4                      Name \_\_\_\_\_  
    Street Address \_\_\_\_\_  
    County, City \_\_\_\_\_  
    State & Zip Code \_\_\_\_\_

## II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

- A. What is the basis for federal court jurisdiction? *(check all that apply)*  
☒ Federal Questions                      ☐ Diversity of Citizenship

- B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? Violation of the disability act ADA of 1990  
Violation of the Civil act of 1964



C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship \_\_\_\_\_

Defendant(s) state(s) of citizenship \_\_\_\_\_

### III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? \_\_\_\_\_

B. What date and approximate time did the events giving rise to your claim(s) occur? \_\_\_\_\_

C. Facts: \_\_\_\_\_

The President of the United States issued a State of Emergency, Health declaration on March 13th 20 20 for the entire United States. Along with Governor Tom Wolf. governor of Pennsylvania Mr. Tom wolf issued a stay-at-home order to all surrounding counties Within Pennsylvania and that included Philadelphia. This further hinders my ability to obtain signatures, state law to the governor's order is pursuant to state law PA 35 C.S.7301 (C) this state law also was pursuant to state law PA 35 C.S. 7301-A and also state law PA 35 7301-F. After this emergency order was in place for the whole entire city of Philadelphia I drafted a letter to the Secretary of State to find out what measures the state were implementing as it pertains to all candidates obtaining signatures and the social distancing in this covid-19 health pandemic and how were candidates supposed to obtain the required signatures due to the Coronavirus.I was informed from by Jesica from the election board From within the secretary of state office she informed me that the governor issued no changes to the election process. These further in mitigating circumstances hindered my ability with my pre-existing conditions of my disability Cerebral Palsy and asthma. Due to this unprecedented historical situation we find ourselves and I was unable to obtain signatures along with the mitigating circumstances of the federal orders from the president and the governor of the stay at home order along with a 6 feet distant order made it almost impossible to obtain signatures during this pandemic.

What  
happened  
to you?

Who did  
what?

Was  
anyone  
else  
involved?

Who else  
saw what  
happened?

**IV. Injuries:**

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. \_\_\_\_\_

The Secretary of State and the governor's office of Pennsylvania are discriminating against me and violating my rights under the American with Disabilities Act of 1990 and it was amended in 2008 where my rights are being violated is title I of the Americans with Disabilities Act where is States in the law that the Americans with Disabilities Act holds it unlawful for any employer to discriminate against any persons or individuals with a physical or mental disability. further hinders my ability to obtain signatures, state law to the governor's order is pursuant to state law PA 35 C.S.7301 (C) this state law also was pursuant to state law PA 35 C.S. 7301-A and also state law PA 35 7301-F.

**V. Relief:**

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

To be placed on the Ballot

**I declare under penalty of perjury that the foregoing is true and correct.**

Signed this June day of 14, 2020

Signature of Plaintiff Orlando Antonio Acosta

Mailing Address 5355 Belfield Avenue

Philadelphia

Pennsylvania, 19144

Telephone Number 484-358-3923

Fax Number (if you have one) \_\_\_\_\_

E-mail Address orlandoacosta979@gmail.com

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this June day of 14, 2020, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: Orlando A: Acosta

Inmate Number \_\_\_\_\_